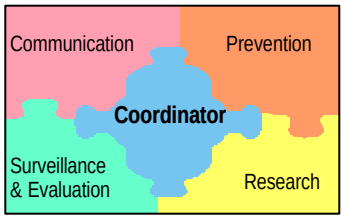

"The LiverWorks"

News of Viral Hepatitis Integration Projects and Hepatitis C Coordinators

Volume IV January 31, 2002

News From the "Front": VHIP Updates

SAN DIEGO, CALIFORNIA

*** Program contact:** Paula Murray pmurrahe@co.san-diego.ca.us.

DID YOU GET YOUR COPY?

The recently printed manual, "**Hepatitis B Immunization in a STD Clinic: Lessons Learned in San Diego County – A Practical Guide**" is now available. More than 500 copies have been distributed. If we missed your program, or you know of a program or individual who might find the guide useful, please e-mail us at: soneilhe@co.san-diego.ca.us.

SAN FRANCISCO, CALIFORNIA

*** Program contact**: Shelley Arnold shelley.arnold@sfdph.org

- Staff training continues to expand:

  1. All Forensic AIDS Project (FAP) HIV test counselors are now cross-trained for hepatitis counseling, done through the UCSF AIDS Health Project.

  2. The VHIP Program Coordinator is now cross-trained for HIV/multi-infection test counseling.

  3. Take5! Multi-infection C&T study, FAP, and VHIP staff participated in a retreat that included additional hepatitis training in preparation for starting HCV testing in SF jails.

  4. Hepatitis training is now being explored for Jail Medical staff.

- The HCV testing protocol for SF jails has been completed. We are starting by offering HCV C&T to inmates who are being HIV tested and have a risk factor for HCV. Eventually, we will expand HCV C&T efforts to all inmates by providing printed hepatitis information and a HCV C&T request form at intake. Inmates will be able to request HCV C&T by submitting the form to Jail Medical staff.

- We are beginning discussions with the SFDPH AIDS Office to further collaborate on hepatitis prevention. To avoid duplication of effort, we would like to share relevant risk factor data collected on inmates tested for HIV and/or HCV.

COLORADO

* **Program contact**: Gerrit Bakker Gerrit.Bakker@state.co.us.

Colorado's Viral Hepatitis Program has been actively engaged in many activities on several fronts throughout this grant period. Foremost has been our ongoing Strategic Planning, for which we are excited to announce that we just received word of funding support for this activity from the Counsel of State and Territorial Epidemiologists (CSTE). This process is designed to assist in developing a comprehensive plan for the prevention of viral hepatitis. After an initial priority setting meeting with external stakeholders, we have focused most of our attention on internal activities within the Colorado Department of Public Health and Environment (CDPHE). The CDPHE Hepatitis Crosscutting Team serves as the Steering Committee for the Strategic Planning Process. A draft of the plan's framework is nearly complete.

Concurrent with the Strategic Planning Process, the Program contracted with a local research center to conduct a hepatitis needs assessment. This project will include two phases: 1) background data will be compiled to document the scope of the viral hepatitis problem both by risk group and by geographic area, and 2) focus on understanding immunization capacities in local health department settings. The consultant will collect information on the at-risk populations for viral hepatitis in terms of those likely to contract the disease and those to whom prevention efforts should be targeted.

In conjunction with our major public health partner, Denver Health and Hospital Authority, both hepatitis A and B vaccines are administered in the Denver Metro STD Clinic and the Denver County Jail. A primary private partner is the Hep C Connection. Our staff is actively participating on "Team Hep C" coordinated by the Hep C Connection, which coordinates hepatitis C education, referral and testing activities and helps ensure maximization of resources and minimization of duplicate efforts by local agencies.

The Viral Hepatitis Program is quickly establishing itself as a primary resource for hepatitis information in Colorado. In the past several months, presentations by staff have included: the National Association of Community Health Centers Symposium, the annual Planned Parenthood of the Rocky Mountains Nurse Practitioner conference, the Western Regional Meeting on MSM and STD/HIV Prevention, and the Mercy Medical Center in Durango. In addition, Mauricio Palacio, Hepatitis C Coordinator, was selected to the Hepatitis Advisory Committee for the National Alliance of State and Territorial AIDS Directors (NASTAD).

The addition of Paula Robinson as Program Assistant, and the upcoming addition of a Nursing Consultant and an additional perinatal hepatitis B case manager will complete the staff of the Viral Hepatitis Program. Our staff is anxious to face the challenges of viral hepatitis prevention for the people of the State of Colorado.

ILLINOIS

*** Program contact:** Carol Finley
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The Illinois Department of Public Health (IDPH) continues to provide services to over 25,000 clients annually through STD clinics operated in conjunction with local health departments. The clinics participating in the hepatitis B prevention initiative serve about 90% of the STD clinic population, or about 22,500 clients. During 2001, 28 participating clinics, excluding those operated within the city of Chicago, provided hepatitis B vaccination to 3,783 (26%) of 14,643 eligible clients (18 years or older without a prior history of hepatitis B vaccination or infection). Almost 30% of the clinic population indicated prior vaccination for hepatitis B. Data on series completion indicated that 1,156 (31%) clients received dose two and 220 (6%) clients received dose three.

Federal funds awarded through the VHIP allowed the start of five pilot projects in 2002, providing expanded hepatitis prevention services to two target populations: MSMs and IDUs. Clients reporting MSM and IDU behavior are routinely offered hepatitis A and B vaccination, and IDUs are offered hepatitis B and C testing. A pair of syringe exchange outreach sites, sponsored by a sixth health jurisdiction, began VHIP services late in the year. Together, these pilot sites have:

1. Provided hepatitis prevention messages to 8,336 clients;
2. Identified 8,179 at-risk clients in need of expanded hepatitis prevention services through STD clinics;
3. Identified 157 at-risk clients in need of expanded viral hepatitis prevention services through outreach initiatives at other facilities within the community; and

4. Identified 62 at-risk clients with hepatitis C.

Of 310 clients reporting MSM risk behaviors, 46% of the 266 eligible clients received hepatitis B vaccine while only 33% received hepatitis A vaccine. Of 587 clients indicating IDU risk factors, 40% of the 404 eligible clients received hepatitis B vaccine while only 20% received hepatitis A vaccine.

Because early findings from the projects showed low acceptance of hepatitis A vaccination services by the targeted populations, the pilot projects were asked to implement measures to enhance client participation. In addition, project advisors have utilized unobligated 317 immunization funds to purchase a supply of Twinrix® for routine use with targeted populations to reduce concerns raised by clients and staff about receipt of two injections per visit.

Hepatitis prevention messages have been integrated into the IDPH/CDC client-centered counselor-training curriculum. All new STD and HIV counselors are required to participate in this training to develop skills and obtain certification in client-centered counseling.

MASSACHUSETTS

***Program contact:** Daniel Church
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The Massachusetts Department of Public Health's (MDPH) Hepatitis C Program moved forward with a number of initiatives in December 2001. Funding for FY2002 was set at FY2001 levels due, in part, to the strong advocacy effort of the Hepatitis C Coalition in Massachusetts. As a result of delays in the state budget process, Hepatitis C contracts were temporarily suspended until the state budget was finalized in December 2001. MDPH is presently re-starting the 15 case management programs funded in the state, as well as research and evaluation efforts, health education, and work with the Departments of Corrections and Mental Health.

Also in December, final selections were made for the pilot Viral Hepatitis Prevention Programs in Massachusetts. These programs will provide counseling and testing for hepatitis A, B and C, and vaccinations for hepatitis A and B. All pilot programs (five will be funded) will be integrated into existing HIV counseling and testing programs, with sites spread across the state (western, central, northeast, southeast, and metro-Boston). A curriculum has been developed that will be used to train the counselors at funded sites. It uses elements of existing curricula along with materials developed for local programs. Programs are anticipated to start in March.

The Viral Hepatitis Prevention Projects represent one of the first efforts among the Bureaus of Communicable Disease Control, HIV/AIDS, and Substance Abuse Services to jointly fund a collaborative project. This follows a yearlong effort to develop a strategic plan for service integration among the three Bureaus. This plan has been finalized and is in the process of being distributed to all related service providers in the state.

A number of different educational materials will be made available over the next few months. These include a video that has been developed for people recently diagnosed with hepatitis C, other information for people living with hepatitis C, and a series of fact sheets that have been developed for nursing professionals. It is hoped that the availability of these materials will help strengthen existing programs and support other educational efforts in this and other states.

MINNESOTA

* **Program contact:** Roberta Olson
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How do we reach people at highest risk for HCV-IDUs? A synergistic partnership of

Minnesota's HIV prevention providers involved in front line work with IDUs is guiding our interventions in response to this question. This strong statewide network is an important framework for our VHIP. Partners (including a national and two local syringe exchange programs, IDU outreach workers, substance abuse treatment providers and policymakers, HIV/IDU case managers and advocates) have come to the table ready to work on hepatitis prevention.

* Plans are underway to conduct intensive IDU outreach in Minneapolis/St. Paul, including creation of new educational materials and development of improved opportunities for viral hepatitis testing, counseling, vaccination, referral, and support. Current plans being considered are a one-stop storefront HepPrevent Day(s), viral hepatitis and IDU sensitivity training for clinicians, and improved IDU access to respectful healthcare services (through work with physician allies).

* In July 2001, MDH disease investigation revealed that injection drug use was responsible for a cluster of acute HCV cases in Northern Minnesota. Leech Lake Band of Ojibwe Tribal Health leaders proposed a plan for conducting a hepatitis prevention campaign. With limited VHIP support, a nurse educator is working with Cass Lake HS and other providers to alert the community, particularly IDUs and their partners, to HCV risks, and encouraging testing. This effort involves providers from teen and women's clinics, Cass Lake HIS clinics, hospital ER, substance abuse, law enforcement, home visit, school health, and casino workers.

New People! Epidemiologist Lynne Mercedes is joining the VHIP project while still maintaining the viral hepatitis surveillance system she has nurtured from its inception in our epidemiology program. Felicia Fong is our newly hired Hepatitis C Coordinator. While a student worker last year, Felicia conducted a viral hepatitis prevalence study in Minnesota correctional facilities. Both Lynne and Felicia are already great assets to our VHIP!

What's Next?

* Implementing the HepPrevent Storefront for IDUs.
* Data is forthcoming from a prevalence study in state correctional facilities. We anticipate the data will persuade administrators to make viral hepatitis a higher priority. Currently, HCV testing is only upon inmate request and physician discretion. Texas, Rhode Island-we'll be calling!
* We are just beginning to work on a statewide hepatitis prevention plan to present to our legislature. We hope that the plan would eventually include support for persons with chronic hepatitis that parallel our state's support for persons with HIV/AIDS.

Hepatitis C Coordinators Bulletin Board

"Welcome to New Coordinators"

Welcome to Roxanne Ereth, Corinna Dan, Andrea Poirot, Danielle Reader-Jolley, Kristine Brunton, Felicia Fong, Theresa Sokol, Karen Gozales, and Thien Shwe, all on board as coordinators since our October newsletter.

FLORIDA

***Program contact:** Sandra W. Roush sandra_roush@doh.state.fl.us.

The Florida Hepatitis Liver Failure Prevention and Control Program (Florida Hepatitis Program) objectives include: enhancing surveillance; supporting education and prevention services; supporting development and implementation of a comprehensive prevention plan for hepatitis; overseeing

counseling and testing services; conducting epidemiological research; promoting treatment and patient care services; conducting special investigations to support prevention initiatives; and allocating state hepatitis resources.

Many ongoing projects are designed to reach these objectives, including:

- Continued funding to six counties for comprehensive hepatitis services
- Funding for statewide Hepatitis C Hotline, providing high-risk adult callers with a free home test kit
- Availability of free hepatitis A and B vaccine for high-risk adults
- Availability of free hepatitis B and C testing for high-risk adults
- Enhanced Internet and Intranet websites providing information on hepatitis clinical trials, local support groups, case management standards, risk assessment forms, and other tools

The Florida Hepatitis Program continues to enhance integration activities through:

- The addition of a hepatitis chapter to the HIV/AIDS 501 Participant's Guide, used to train HIV counselors
- The development of a Quality Improvement document, to assess the hepatitis services provided by each of Florida's 67 county health departments
- The implementation of a three county pilot project integrating the surveillance systems for hepatitis and HIV/AIDS
- Collaboration to develop a jail surveillance database

The Florida Hepatitis Program continues to expand educational services by:

- Hosting a HCV/HIV co-infection meeting, presenting information about the virology, treatment, and epidemiology of HCV and the interaction of HIV with HCV
- Developing a Hepatitis C placard, designed to educate the population about the virus, the risk factors, and modes of transmission
- Preparing "one-pagers" on resources available to Floridians who are infected with hepatitis C
- Developing educational CD-ROMs for hepatitis A, hepatitis B, and hepatitis C

If you have any questions about ordering educational material, please contact Brandy M. Jones by email: brandy_Jones@doh.state.fl.us or by phone: (850) 245-4444 ext. 2503

CALIFORNIA

***Program Contact:** Lori Fries lfries@dhs.ca.gov.

A Hepatitis C Prevention and Control Unit was established within the Division of Communicable Disease Control in March 2001. Lori Fries was hired as the Hepatitis C Coordinator. The Hepatitis C Unit is also staffed by a health educator and an administrative analyst.

In June 2001, the California Steering Committee and Working Group for the Prevention and Control of hepatitis C in California released a "Hepatitis C Strategic Plan". The plan is available at http://www.dhs.ca.gov/ps/dcdc/pdf/Hepatitis%20C%20Strategic%20Plan%20-%202001.pdf.

The California Department of Health Services (CDHS) received one time funding of $1.5 million through the signing of CA SB 1256 (Polanco). This bill requires the CDHS to implement a hepatitis C prevention and control program and mandates that 50% of the funding provide services for veterans. Eight California county health departments were selected to be funded with SB 1256 monies for hepatitis C prevention and control projects, slated to begin February 2002. The primary goal of the county projects is the integration of hepatitis C counseling and testing services into existing HIV counseling and testing services. Additionally, projects

include hepatitis C outreach, education and linkages for care. Screening for HCV will be done by either a county laboratory or through the use of home test kits.

CDHS's Hepatitis C Unit will be providing training to the funded projects on the integration of HCV into existing services and hepatitis C screening risk assessment and disclosure. Efforts are underway to collaborate with the Office of AIDS to gather HCV data on the existing HIV Counselor Information Form.

WISCONSIN

***Program Contact:** Marjorie Hurie
huriemb@dhfs.state.wi.us

The Wisconsin Hepatitis C Program (HCV Program) recently created an electronic surveillance database to track hepatitis C cases (HCV-positive), both possible (EIA+) and confirmed (RIBA + or PCR +)] using Microsoft Access. Microsoft Access is a database management system that facilitates the storage and retrieval of data. As part of this database, a system was developed to request patient locating information from physicians and to assign cases to local health departments (LHDs) for follow-up. Previously, HCV Program staff was unable to assign approximately half of the cases to the LHDs because the initial case report, usually submitted as a laboratory report, did not include the patient's city of residence.

Physician Follow-up: To gather the missing patient locating information, the HCV Program staff sends out case report questionnaires to physicians requesting patient addresses and other demographic information. An Access query identifies patients who were reported without an address within a specified time frame and links these patients to Access reports (a case report form and cover letter). The cover letter and case report form are generated and sent to the physician, with a self-addressed stamped return envelope.

Since the inception of this follow-up system in August 2001, HCV Program staff have sent 231 cover letters and case report forms to physicians and received 155 (67%) replies. Response rates were greater for confirmed and possible HCV cases were similar, 68% (104/152) and 65% (51/79), respectively.

Local Health Department Follow-up: HCV Program staff forward HCV cases to LHDs, based on patient residence, for follow-up. An Access query identifies patients who appear not to have been reported to the LHD within a specified time frame and links these patients to Access reports (a case report follow-up form and a cover letter). The cover letter and case report follow-up form are generated and sent to the LHD. LHDs follow up patients to provide health education, risk reduction counseling, the opportunity to be vaccinated for hepatitis A and B, and medical referral. Once follow-up is complete, the LHD returns information regarding the disposition of the case to the HCV Program.

Since the inception of this follow up system in August 2001, HCV Program staff have sent out 752 cover letters and case reports to LHDs and received 213 (28%) replies. The return rate was greater for confirmed cases than for possible cases (58% [146/250] vs. 13% [67/502] respectively).

Summary: Overall, physicians seem more likely than LHDs to return information regarding their patients and to return information on possible as well as confirmed cases. By comparison, LHDs are more likely to return information for confirmed HCV cases compared with possible cases. The difference in return rates by case status probably reflects the policy of some LHDs to provide follow up only to confirmed cases. As the follow up systems mature, and the HCV Program staff continue to work with LHDs and begin to develop relationships with

the physicians, the response rates of both systems should improve.

If you have any questions regarding the information presented, please contact Angela Russell by email: russear@dhfs.state.wi.us or by phone: (608) 266-9710.

Hepatitis C Coordinators

State	Coordinator
Arizona	Roxanne Ereth
Arkansas	TBD
California	Lori Fries
Chicago, IL	Corinna Dan
Colorado	Mauricio Palacio
Connecticut	Andrea Poirot
Delaware	TBD
Florida	Sandy Roush
Hawaii	TBD
Idaho	Danielle Reader-Jolley
Iowa	TBD
Indiana	TBD
Kansas	Kristine Brunton
Louisiana	Theresa Sokol
Maine*	Mary Kate Appicelli
Maryland	TBD
Massachusetts	Daniel Church
Michigan	Kim Kirkey
Minnesota	Felicia Fong
Mississippi	TBD
Missouri	Thomas Ray
Montana	Elton Mosher
New Mexico	Karen Gonzales
New York City	Karen Schlanger
New York State	Colleen Flanigan
Ohio	Richard Young
Oklahoma	Angela Horning
Philadelphia, PA	Caroline Johnson
Rhode Island	Lorraine Moynihan
S. Carolina	Robert Ball
Tennessee	TBD
Texas	TBD
Washington DC	TBD
W. Virginia	Thien Shwe
Wisconsin	Marjorie Hurie
Wyoming	TBD

*Funded through the Public Health Prevention Service, Dick Moyer is the Point of Contact for all Coordinators.

CDC's Division of Viral Hepatitis (DVH) Activities & Announcements…

CDC Hosts Meeting

DEVELOPMENT OF A SYSTEMATIC APPROACH TO THE INTERPRETATION OF ANTI-HCV RESULTS
Wednesday, February 13, 2002
Renaissance Atlanta Hotel - Concourse
One Hartsfield Centre Parkway, Atlanta, GA 30354

The Centers for Disease Control and Prevention (CDC) is hosting a half-day meeting to discuss the interpretation of anti-HCV results in the public health setting.

The meeting will provide a forum for the discussion of the evidence for this strategy and the feasibility of implementing a consistent approach that would provide a reliable method for interpreting anti-HCV results regardless of the setting in which testing is performed (excluding the donor setting). Outcome from this meeting will be shared with all.

Welcome to New DVH Staff Members

Steve Hadler, MD, is Acting DVH Director while Hal Margolis works on smallpox planning for CDC. Tracy Badsgard, from CDC's HIV program will be joining us the end of January as our new senior project officer in Program Operations. Bruce Everett, from Philadelphia's STD program will be starting as a new Project Officer in March.

Upcoming 2002 Meetings

Abstract submissions on integration efforts encouraged: (feel free to ask your project officer for help)

Meeting	Location	Dates	Deadline*
STD Conference	San Diego	3/4-7	PAST
HIV CPG	Chicago	3/6-9	PAST
Hepatitis Partners	Decatur, GA	4/7-10	N/A
NIC**	Denver	4/29-5/2	PAST
CSTE**	Kansas City	6/9-13	2/15/02
APHA**	Philadelphia	11/9-13	2/4/02

* For submitting an abstract
** NIC = National Immunization Conference
** CSTE = Council of State Territorial Epidemiologists
** APHA = American Public Health Association

And of course our CDC-funded Partners' Meeting in Decatur April 7-10!

Voluntary Recall of VAQTA Hepatitis A Vaccine

There is now a section on the DVH website that addresses the voluntary recall of VAQTA hepatitis A vaccine. It can be accessed from the main hepatitis A page or under the What's New section of the website. The direct link is:

http://www.cdc.gov/ncidod/diseases/hepatitis/a/vaqta_recall.htm.

Stay in the Loop

Viral Hepatitis Education & Training

Have you seen the latest "In the Loop" newsletter from DVH funded Viral Hepatitis Education & Training (VHET) projects? If not, ask your CDC project officer or technical consultant to forward you the latest electronic copy with news of education & training materials and plans. Or check it our on the DVH website at www.cdc.gov/hepatitis. Go to "resources", then "partners", and click on "partner progress".

Partners Sharing Progress - January 2002